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SMITH, GAMB	rell & RUSSI CUT AVENUE, 1	/2008	par hav	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/522,569 TITLE OF INVENTION: 1	11/17/2005 ETCHING METHOD		Shuhei Ogawa		033082M239	8765	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/12/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
OLSEN, AL	LAN W	1792	216-067000	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted: XXIssue Fee XXPublication Fee (No small entity discount permitted) XXAdvance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4300 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other							
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